

78  
7-2-01

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>D</i>	<i>32</i>	<i>9/10</i>
<b>FORMALITY REVIEW</b>	<i>H-S</i>	<i>866</i>	<i>10-01-01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>A-T</i>	<i>1071</i>	<i>11/26/01</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	Final Original 1/17/01
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3	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

2-86  
(10/1/01)

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